



Children in Child Welfare: Mental and Behavioral Health Practice Bulletin



DHS Case reading data indicates that 88% of 359 children reviewed between August 2007 and October 2007 had their mental health needs assessed and met.

Mental Health Needs of Children in Child Welfare:¹

Most children who enter the child welfare system have experienced significant trauma. For those who are placed out of their homes, the trauma of separation from their families and moves within the foster care system itself often led to additional trauma. These vulnerable and at-risk children have a high prevalence of mental health needs. A review of the research literature by Landsverk and colleagues suggest that between one-half and three-fourths of children entering foster care exhibit behavior or social competency problems that warrant mental health care. There is also evidence that this high rate of need may be anticipated for children served by child welfare who remain in their own homes. The National Survey of Child and Adolescent Well-Being [NSCAW] provides the first national estimates of mental health needs and

service use in the child welfare population. NSCAW determined that nearly half of the children ages 2-14 with completed child welfare investigations [N=3,803] had clinically significant emotional or behavioral problems. The study also determined that only one-fourth of these children with mental health needs received any specialty mental health care during the previous 12 months. Iowa policy enhancements are underway to require a mental health screening and assessment of children in foster care on the physical exam form.

Children's Mental Health Screenings²

Mental health screening is the first step in identifying children who have, or are at risk of, developing mental, emotional, or behavioral problems. The primary purpose of a mental health screening is to detect mental health problems early and identify children who may need further mental health evaluation.

Children enter the child welfare system for many reasons unrelated to their own mental health. The requirement for completing mental health screenings for targeted populations of children is critical to moving beyond the initial reason for agency involvement and identifying underlying mental health needs that might otherwise be overlooked.

Children identified at risk of needing immediate attention, intervention or more thorough assessment through the screening process should be referred for a mental health assessment.

DHS staff refers Medicaid eligible children with behavioral health needs to a licensed practitioner of the healing arts (LPHA). If the child is living at home, the child's parents will select the LPHA; if the child is in foster care, the caseworker will select the LPHA.

- ✓ LPHA's include MD/DO, licensed independent social workers, advanced registered nurse practitioners, PhD psychologists, and licensed master social workers.
- ✓ The LPHA sees the child and determines if the child has a diagnosis and the type of behavioral health services the child needs. If the child is living at home, the caseworker can recommend a behavioral health services provider, but the child's parents will determine which mental health services provider to use. If the child is in foster care, the caseworker

¹ Child and Family Service Reviews 2001-2004, A Mental Health Analysis, National Technical Assistance Center for Children's Mental Health http://gucchd.georgetown.edu/files/products_publications/TACenter/cfsr_analysis.pdf

² MN PIP TIPS: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs_id_056306



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will select and refer the child to a rehabilitative services provider. The caseworker will also integrate the child's mental health services into the child's overall case plan.

Important Message About Children And Adolescents Mental Health

- ☐ Every child's mental health is important.
- ☐ Many children have mental health problems.
- ☐ These problems are real and painful and can be severe.
- ☐ Mental health problems can be recognized and treated.
- ☐ Caring families and communities working together can help.

<http://www.mentalhealth.samhsa.gov/child>

Providing Mental Health Services

The mental health needs of children are best met through individualized services and an interdisciplinary approach, coordinated across agencies and individuals, such as: DHS case workers, families, natural helping networks, schools, mental health providers and foster parents. Linking children and families to a broad, community-based support network helps build connections that can be maintained after the child welfare case is closed, when permanency is achieved, or during transition into adulthood.

In some cases, dual case management by child welfare and children's mental health social workers is necessary to meet the multiple and interrelated needs of children and their families. In these instances, case management roles, including needs assessment, case planning, contacts with children and parents, referrals and monitoring services need to be clearly defined and carefully integrated. Access to a service array that includes providers who are skilled in treating the special issues presented by children and youth who have experienced trauma associated with abuse, neglect, sexual abuse, out-of-home placement, parental substance abuse and/or domestic violence is essential to meeting mental health needs of children. Services must also be designed and delivered with respect for the unique cultural and ethnic influences of each child's family and community (McCarthy, 2004 and SAMHSA, 2006).

Expectations: There are very specific requirements for caseworkers to meet the emotional, developmental, and mental/behavioral health needs of foster children and children served in their home:

- ☐ Documentation of the mental health screening must be in the file and timely. The screening and recommended follow-up must include screenings

completed as part of the initial child protective assessment.

- ☐ If needs were identified through the screening process, the child must receive treatment for those issues and issues must be addressed in the case plan and treatment follow-up documented in the file for all children in the home.
- ☐ For children in foster care, the worker needs to conduct an assessment of the child(ren)'s mental/behavioral health initially when the child enters foster care and on an ongoing basis to inform case planning decisions. An assessment can be formal or informal mental/behavioral health assessment on the child either at entry into foster care or on an ongoing basis to provide updated information for case planning decisions with regard to mental/behavioral health issues. "Behavioral health needs" includes needs related to behavioral problems that are not always specified as mental health needs, including substance abuse. If a child is in foster care placement, an initial mental health screening (or other medical examination) must be conducted right before the child is placed or within 7 calendar days of the most recent entry into out of home placement. Appropriate services to address the child(ren)'s mental/behavioral health needs must be provided.
- ☐ If a child has a formal mental health assessment and diagnoses, this must be documented in the file.
- ☐ Document the mental/behavioral health needs that exist and the services that the agency provided to address those needs, includes outpatient treatment, inpatient mental health treatment, treatment for substance abuse disorders, individual therapy, group therapy, family therapy, remedial services, etc.
- ☐ For in-home cases, the child welfare case worker needs to assess mental health needs when: (1) mental/behavioral health issues are relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the child would have mental/behavioral health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address mental health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that the maltreatment may have affected the child's mental health.
- ☐ If the child is in placement, the mental health records must be provided to the foster parents.



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Examples of mental health documentation would include:

- ✓ The case worker's informal assessment and documentation of the child's developmental, emotional, and mental/behavioral health needs;
- ✓ An mental/behavioral health screening or assessment is included in the comprehensive needs or physical exam assessment in the case file;
- ✓ A developmental, emotional, mental/behavioral assessment was conducted by Early Access, Head Start, the school, or an Area Education Agency and made available to the department;
- ✓ The mental health screening was completed, documented in the file, and there are no apparent developmental or mental health needs.

A Word about Confidentiality of Mental Health Records:

REMEMBER Mental health information is protected health information and subject to HIPPA requirements.

Mental Health and School Success:

Mental health issues may interfere with a child's ability to function at school and may require educational advocacy by the case worker. Teachers want children to come to school ready to learn and want to help children learn. They are often willing to work with a counselor or social worker to accommodate the best learning environment for a child with functional limitations. Under Section 504 of the Rehabilitation Act and the ADA, educational personnel only need to provide accommodations for limitations that can be directly connected to the child's disability. If you suspect that a child's mental health issues are interfering with their academic success, document [or ask his counselor to document] the need for academic adjustments. A list of limitations may include, but are not limited to³:

- ☐ Inability to screen out environmental stimuli
- ☐ Inability to concentrate
- ☐ Lack of stamina
- ☐ Difficulty handling time pressures and multiple tasks
- ☐ Difficulty interacting with others
- ☐ Difficulty handling negative feedback
- ☐ Difficulty responding to change

Academic adjustments may include adaptations in the way specific courses are taught, the use of auxiliary

equipment and support staff, and modifications in academic requirements. They should be negotiated, selected, and arranged in consultation with the teacher, the school's administrative services personnel or AEA as may be the case.

National Research Indicates: ⁴

- ✓ In a 2005 study of foster care alumni in Oregon and Washington 54% of alumni had one or more mental health disorders in the past 12 months, such as depression, social phobia, or panic syndrome compared with 22% of general population.⁵
- ✓ In the same study, 25% had post traumatic stress disorder compared with 4% of the general population, which is twice the rate of U.S. war veterans.
- ✓ A 2003 study that surveyed key child welfare administrators in 92 locations about their policies for screening children entering out of home care found that only 43% of them provided comprehensive assessments that included physical, mental health, and developmental examinations.
- ✓ Recent research in Chicago confirmed previous statewide research finding that children in foster care are significantly more likely than children in the general population to have a special education classification of an emotional or behavioral disturbance.
- ✓ More than half the children in foster care exhibit medical problems, developmental delays and disabilities, including substantial behavioral and emotional problems that can compromise their ability to learn or function in school.⁶

Practice Tips:

- ✓ Right up front, get releases of information signed by parents, and document assessment and advocacy services provided to the child and family.
- ✓ Be vigilant. Identify warning signs for mental health problems and take early action against factors that put children at risk.
- ✓ Monitor indications or ideations of self-harm. Respond immediately to any threats by referral to or consultation with a mental health professional.

⁴ Fact sheet: Educational Outcomes for Children and Youth in Foster and Out-of-Home Care, September 2007, National Working Group on Foster Care and Education.

Addressing the Educational Needs of Children in Foster Care: A Guide for Judges, Advocates and Child Welfare Professionals. New York State Permanent Judicial Commission on Justice for Children. www.nycourts.gov/ip/justiceforchildren

³ Adaptec from Mancuso, L. L. [1990] Reasonable accommodations for workers with psychiatric disabilities. Psychosocial Rehabilitation Journal, 14[2] 3-19



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- ✓ Teach parents of children in the home to self-advocate for their children's mental health needs. Give this resource to parents, to help them understand how to self advocate and follow-up on the mental health needs of their children: "Mental Health Advocacy" by Mid-Iowa Family Therapy Clinic, Inc.

<http://www.midiowafamilytherapy.org/AdvocacyTrainingPacket.pdf>

- ✓ Use the **Improving Mental/Behavioral Health Checklist**:
 - Has the child had a mental health screening and assessment?
 - Does the child's treatment plan include mental health recommendations/referrals?
 - Has the child received mental health treatment, if needed?
 - Are the child's mental health records current and in the case record? Do the foster parents have current information?
 - If the child is taking psychotropic medications, are they monitored by an LPHA for side effects and effectiveness?
- ✓ Use of approved screening instruments and make sure you know the unique mental health needs of children in the child welfare system. Use Hawaii's "Effective Psychosocial Interventions for Youth with Behavioral and Emotional Needs" to research evidence based services.⁷
- ✓ Include parents/caregivers in planning for delivery of mental health services to children.
- ✓ Support foster and kinship providers to care for children with complex behavioral and emotional needs.
- ✓ Partner with a mental health case manager in your community on challenging cases. Seek supervisory or mental health professional consultation when needed. Conduct case consultation and case reviews that target screening, assessment and delivery of appropriate children's mental health services.
- ✓ Foster working relationships and collaborate with education, mental health and other community service providers and partners to deliver a continuum of mental health and support services.
- ✓ Use existing mental health reports to establish baseline performance measures and monitor for improvements in functioning.

- ✓ Make sure that all mental health counseling provides a patient education component to help patients understand symptoms, identify and assess their own functioning, develop skills for ongoing medication management, and develop skills for symptom monitoring and management.

Resources and Technical Assistance

Child and Family Services Reviews 2001-2004; A mental health analysis. Available at:
http://gucchd.georgetown.edu/files/products_publication_s/TACenter/cfsr_analysis.pdf

McCarthy, Jan, et.al. An Analysis of Mental Health Issues in States' Child and Family Service Reviews and Program Improvement Plans. National Technical Assistance Center for Children's Mental Health, Georgetown University, April 2004.

2007 Biennial Report "Effective Psychosocial Interventions for Youth with Behavioral and Emotional Needs, www.hawaii.gov/health

SAMSHA's National Mental Health Information Center. Cultural Competence in Serving Children and Adolescents with Mental Health Problems. Retrieved January 2, 2006 at:

<http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0015/default.asp>

Mental Health Advocacy, Mid-Iowa Family Therapy Clinic, Inc.,
<http://www.midiowafamilytherapy.org/AdvocacyTrainingPacket.pdf>

Mental Health Resources by Iowa County:
<http://www.midiowafamilytherapy.org/MentalHealth.shtm>

Mental Health Waiver: <http://www.dhs.state.ia.us/rts/Iowa>
Federation of Families for Children's Mental Health: <http://www.iffcmh.org/>

Cultural and Linguistic Competence:
<http://www.iffcmh.org/cultural.htm>

⁷ 2007 Biennial Report "Effective Psychosocial Interventions for Youth with Behavioral and Emotional Needs, www.hawaii.gov/health